

MOTOR FUEL ROAD TAX LICENSE RENEWAL OR ADDITIONAL DECAL APPLICATION

(For IFTA Carriers, Intrastate Carriers, and Non-IFTA Carriers)

RDT 123 (10/20/05)

Please Print in Ink or Type

1. Carrier Name and Mailing Address <i>(in box above)</i> NOTE: All outstanding road tax liabilities and requirements must be satisfied before this application can be processed. For assistance, contact DMV's Motor Carrier Services at: (866) 878-2582 (Voice) (800) 272-9268 (Deaf or hearing impaired) (804) 367-1073 (Fax) mcsonline@dmv.virginia.gov (Email)	2. Decal Year Requested
	3. FEIN/SSN
	4. Type of Application (check applicable box) <input type="checkbox"/> RENEWAL <input type="checkbox"/> DECAL ORDER
	3a. Virginia IRP Account Number (required)
3b. U.S. DOT Number	

DECAL ORDER

NOTE: DECALS ARE ISSUED IN ONE SET OF TWO DECALS PER QUALIFIED MOTOR VEHICLE. THE DECAL FEE IS NOT REFUNDABLE.

6. Total Number of Decal <u>Sets</u> Requested	7. Fee Per Decal Set \$10.00	8. Total Fee Due \$ (item 6 x item 7)
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NOTICE OF CHANGE

9. Check Applicable Box <i>(Check only one.)</i>			
<input type="checkbox"/> No Changes in Account Information		<input type="checkbox"/> Changes Indicated Below	
		<input type="checkbox"/> Close Account and Cancel License	
10. Applicant's Full Legal Name		11. Doing Business As Name <i>(If different from item 10.)</i>	
12. Address Where Business Is Located <i>(Do not list P.O. box.)</i>		12. City	12. State VA
		12. Zip Code	
13. Contact Person	14. Telephone Number ()	15. Fax Number ()	16. Email Address

17. GENERAL MAILING ADDRESS - If different from Business Location.			19. TAX REPORT MAILING ADDRESS - If different from Business Location.		
Name			Name		
Street Address or P.O. Box <i>(Suite, Floor, or Room Number, if applicable)</i>			Street Address or P.O. Box <i>(Suite, Floor, or Room Number, if applicable)</i>		
City	State	Zip code	City	State	Zip code
18. DECAL/LICENSE MAILING ADDRESS - If different from Business Location.			20. RECORDS LOCATION ADDRESS - If different from Business Location.		
Name			Name		
Street Address or P.O. Box <i>(Suite, Floor, or Room Number, if applicable)</i>			Street Address or P.O. Box <i>(Suite, Floor, or Room Number, if applicable)</i>		
City	State	Zip code	City	State	Zip code

CERTIFICATION

21. Under penalty of perjury, I certify that the information given is, to the best of my knowledge, true, accurate, and complete. I agree to comply with reporting, payment, record keeping, and license display requirements as specified in the International Fuel Tax Agreement, the Code of Virginia, and the rules and regulations of the Virginia Department of Motor Vehicles. I further agree that the Department of Motor Vehicles may withhold any refunds due if I am delinquent on fuel taxes due to any member jurisdiction. I understand that failure to comply with these provisions shall be ground for revocation of license in Virginia or all member jurisdictions.	
Signature of Owner, Partner, or Corporate Officer	Date
Name of Person Who Signed Above <i>(PLEASE PRINT)</i>	Title
Telephone Number ()	Fax Number ()

PAYMENT METHODS

You may pay by: • personal check or money order made payable to DMV, or • completing the credit card charge information listed below.	
Name Appearing on Credit Card	Daytime Telephone Number ()
Credit Card Number	Date Card Expires (MM/YY)
	Amount to be Charged \$
I hereby authorize DMV to charge the credit card account listed.	
Card Holder's Signature	Date